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Research article

Use of e-learning in improving the knowledge, attitudes and confidence of rehabilitation therapists towards palliative care

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Appendix 1. Knowledge assessment (25 multiple choice questions).

Correct answers are in bold

1. Which of the following BEST describes palliative care?

a) Aims to help the terminally ill patients via painless assisted suicide

b) Aims at the prevention and relief of suffering of patients and their families facing the problems associated with life-threatening illness

c) Aims to persuade patients and family to receive non-aggressive medical treatment to reduce suffering

d) Aims to resolve family conflicts through active counselling so that patients can die in peace

2. Which of the following is NOT a domain of care in palliative care patients?

a) Physical care

b) Psychological care

c) Social care

d) Self care

3. Which of the following statement is true?

a) Palliative care is only provided in inpatient hospices and hospitals
b) Having pain is an accepted part of dying
c) Palliative patients die earlier because they are unable to eat
d) Palliative care aims to help patients from the time of diagnosis of a life-limiting illness until death

4. Which of the following is NOT a common symptom in the last hours of life?

a) Throat secretions
b) Pain
c) Delirium
d) Vomiting

5. Which of the following is true about dyspnoea?

a) Dyspnoea is subjective and best described by the patient
b) Dyspnoea is best measured using respiratory rate and oxygen saturation
c) Dyspnoea is not common in palliative care patients
d) Dyspnoea can only be controlled by medications such as opioids

6. Which of the following BEST describes palliative care?

a) Palliative care is provided by a multi-disciplinary team
b) Palliative care is best provided by a doctor
c) Palliative care should only be provided by a specialist
d) Palliative care is provided mainly by doctors and nurses

7. Which of the following BEST describes Advance Care Planning (ACP)?

a) ACP is about exploring the values of personal beliefs of a patient to plan for future healthcare decisions
b) ACP is about giving medical advice to a patient to guide future healthcare decisions
c) ACP aims to prevent patients from going to the Intensive Care Unit (ICU)
d) ACP aims to document patient's healthcare preferences legally

8. Based on the Kubler Ross model, the 5 stages of grief are:

a) Denial, Anger, Bargaining, Depression, Acceptance
b) Denial, Reflection, Bargaining, Anxiety, Acceptance
c) Denial, Anger, Reflection, Anxiety, Acceptance
d) Denial, Anger, Anxiety, Depression, Acceptance

9. Which of the following is true about the use of morphine in the palliative care setting?

a) Is addictive but is acceptable as patients are at their end of life
b) Helps with pain but can hasten death
c) Helps with pain but can cause constipation
d) Should only be used as a last resort for pain control

10. Which of the following statement is true regarding pain control in palliative care patients?

a) Opioid should be the main medication used for pain control in palliative care patients

b) Paracetamol is ineffective for pain control in palliative patients

c) The World Health Organization (WHO) Analgesia ladder should be used to guide medication for palliative care patients

d) Tramadol should be the first line medication to treat pain in palliative care patients

11. Which of the following is a patient rated scale for pain?

a) Wong-Baker Faces Pain Scale

b) Functional Rating Scale

c) Pain Assessment in Advanced Dementia Scale (PAINAD)

d) Edmonton Symptom Assessment Scale

12. According to the International Association for the Study of Pain (IASP), pain is defined as:

a) An unpleasant physical experience associated with actual or potential tissue damage

b) An unpleasant sensory and emotional stimulus due to actual or potential tissue damage

c) An unpleasant sensory and emotional experience associated with actual or potential tissue damages

d) An unpleasant sensory stimulus due to a physical tissue injury

13. Which of the following is NOT one of the 3 basic type of pain?

a) Visceral Pain

b) Neuropathic pain

c) Somatic pain

d) Muscular Pain

14. Which of the following BEST describes the care of patients who are actively dying (last hour of life)?

a) Should be fed to prevent hunger

b) Should receive intravenous hydration if they are not able to take food orally

c) Should receive medication to control their symptoms

d) Should receive sedation to ensure they are comfortable

15. Which of the following is NOT a sign that patient is actively dying (last hours of life)?

a) Low blood pressure (BP)

b) Gasping/Mandibular breathing

c) Minimal oral intake

d) Sleep wake reversal

16. Which of the following is NOT a functional assessment tool used in palliative care?

a) Palliative Functional Scale (PFS)

b) Palliative Performance Scale (PPS)

c) Australian Karnofsky Performance Scale (AKPS)

d) Eastern Cooperative Oncology Group (ECOG)

17. Knowing the disease trajectories of patients is most helpful in:

a) Drawing up a care plan with patients
b) Drawing up a financial model for patients
c) Increasing our knowledge of palliative care
d) Knowing when to break bad news to patients

18. Which of the following is NOT a common disease trajectory in palliative patients?

a) Cancer related trajectory
b) Organ failure related trajectory
c) Recurrent infections trajectory
d) Frailty related trajectory

19. Which of the following BEST describes the patients who receive palliative care?

a) Must give up life prolonging treatment such as chemotherapy or radiotherapy
b) Must agree that they do not want to have CPR (Cardiopulmonary Resuscitation) done
c) Must have a life-limiting illness
d) Must be willing to give up consults with other specialists

20. Which of the following is NOT one of the four pillars of Ethics?

a) Autonomy
b) Beneficence
c) Justice
d) Proportionality

21. Spiritual distress happens to palliative care patients when:

a) They are unable to reconcile the difference between their expectations and reality
b) They do not have a religion
c) They cannot visit their place of worship
d) They have family conflicts

22. Which of the following is NOT a key goal of rehabilitation in palliative care?

a) Maximise the quality of life based on patient's preference
b) Minimise caregiver burden
c) Journey with patients through the dying process
d) Stop all patients from deteriorating functionally

23. The best course of action taken if a patient refuses to follow rehabilitation advice is:

a) To document that patient will be performing tasks "At Own Risk (AOR)" for medico-legal purposes
b) To explore the reasons behind the refusal using the bio-psycho-social model
c) To leave the patient alone as palliative care patients needs to rest more
d) To discharge the patient as he is not keen to participate in rehabilitation

24. Palliative care patients will NOT benefit from rehabilitation when:

a) They are bed bound
b) They are hospitalised
c) They are actively dying
d) They are in pain

25. Which of the following is FALSE about rehabilitation in palliative care?

a) Goal setting helps to improve rehabilitation outcome

b) The principles of rehabilitation are the same as non-palliative care patients

c) Palliative care patients have lower rehabilitation needs than non-palliative care patients

d) Involving family and loved ones helps improve rehabilitation outcomes

Appendix 2. Frommelt attitude toward care of the dying scale (FATCOD).

	SD	D	U	A	SA
Giving care to the dying patient is a worthwhile experience.					
Death is not the worst thing that can happen to a person.					
I would be uncomfortable talking about impending death with the dying person.					
Care for the patient's family should continue throughout the period of grief and bereavement.					
I would not want to be assigned to care for a dying person.					
The allied health professional should not be the one to talk about death with the dying person.					
The length of time required to give clinical care to a dying person would frustrate me.					
I would be upset when the dying person I was caring for gave up hope of getting better.					
It is difficult to form a close relationship with the family of a dying person.					
There are times when death is welcomed by the dying person.					
When a patient asks, "Staff, am I dying?", I think it is best to change the subject to something cheerful.					
The family should be involved in the physical are of the dying person.					
I would hope the person I am caring for dies when I am not present.					
I am afraid to become friends with a dying person.					
I would feel like running away when the person actually died.					
Families need emotional support to accept the behavioural changes of the dying person.					
As a patient nears death, the allied health professional should withdraw from his/her involvement with the patient.					
Families should be concerned about helping their dying member make the best of his/her remaining life.					
The dying person should not be allowed to make decision about his/her physical care.					
Families should maintain as normal an environment as possible for their dying member.					
It is beneficial for the dying person to verbalise his/her feelings.					
Dying persons should be permitted to have flexible visiting schedules.					
Care should extend to the family of the dying person.					

Continued on next page

	SD	D	U	A	SA
The dying person and his/her family should be the in-charge decision makers.					
Addiction to pain relieving medication should not be a concern when dealing with a dying person.					
I would be uncomfortable if I entered the room of a terminally ill person and see him/her crying.					
Dying persons should be given honest answers about their conditions.					
Educating families about death and dying is not an allied health professional's responsibility.					
Family members who stay close to a dying person often interfere with the professionals' job with the patient.					
It is possible for allied health professionals to help patients prepare for death.					

Note: SD: Strongly Disagree; D: Disagree; U: Uncertain; A: Agree; SA: Strongly Agree. Derived from Frommelt KH (1991) The effects of death education on nurses' attitudes toward caring for terminally ill persons and their families. *Am J Hosp Palliat Care* 1991; 8: 37–43. https://doi.org/10.1177/104990919100800509. Adapted to tailor the statements to therapists – wherein statements were made with "nurse" as the subject, it was replaced with "allied health professional".

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